



**Planned Parenthood of Illinois Comments on  
The Illinois 1115 Waiver Draft Application  
January 22, 2014**

Planned Parenthood of Illinois (PPIL) appreciates the opportunity to comment on the State's Draft Application for its *Path to Transformation 1115 Waiver*. The Draft Application reflects a focus on innovation, prevention, and coordination of care which, if implemented well, can be a benefit to those in the Medicaid Program.

As a leading provider of reproductive health care services, PPIL is pleased the Path to Transformation waiver will extend reproductive health coverage to uninsured individuals and individuals who lack insurance coverage of contraceptive services as outlined on page 8 of the application. As when we commented on the Waiver's Concept Paper, PPIL supports the inclusion of reproductive health care in the *Path to Transformation* because it improves the overall health and well-being of individuals and their families.

However, the Draft Application did not outline specifically what the income eligibility criteria and covered services would be. Therefore, we ask that the Department of Healthcare and Family Services clarify these aspects of including reproductive health care in the *Path to Transformation*. The Centers for Medicare and Medicaid Services (CMS) has approved a variety of family planning waivers for other states that have different eligibility criteria as well as varying degrees of coverage for reproductive health care services. The *Path to Transformation* is an excellent opportunity to examine what has been successful in Illinois regarding the provision of family planning services and how to build and improve reproductive health care for

those in the Medicaid Program. Current reproductive health services provided through waiver authorization have been shown to actually save the State in budgetary expenditures. Including additional preventive services would increase the potential for additional savings. [1] Extending eligibility to men for services such as sterilization and STD testing and treatment would allow them to access essential preventive services and fully participate in family planning with their partners. Also, eliminating barriers to providers' ability to bill related reproductive health services such as "problem visits" (testing and treatment of various infections, etc.) under the Reproductive Health Coverage provision would enable program participants to get treatment early before conditions become complicated and expensive. By providing the best access to a full range of reproductive health care will participating in the Program will achieve healthy families and future self-sufficiency.

In order to further the goal of ensuring that Illinoisans have access to affordable reproductive health care, it is important the *Path to Transformation* waiver not limit access to family planning services or family planning providers. We discussed this in our comments on the Concept Paper by pointing out that freedom of choice in a family planning provider is essential when accessing reproductive health services and necessary to encourage successful outcomes. Therefore, PPIL urges the Department of Healthcare and Family Services ("Department") to clarify that the proposal does not waive section 1902(a)(23)(B) of the Social Security Act in seeking to waive section 1902(a)(23).

As the Department is aware already, existing federal law and policy unequivocally protect freedom of choice for family planning. Pursuant to 42 U.S.C. § 1396a(a)(23)(B) and 42 C.F.R. § 431.51(a)(4), an individual may receive family planning services from any qualified

Medicaid provider, even if the individual is enrolled a managed care organization. In fact, CMS has explicitly stipulated that “the recipient may obtain family planning services and supplies from outside of the HMO without an HMO referral, even if the HMO contracts with Medicaid to provide the same services.” [2] Notably, CMS has rightly enforced the “family planning freedom of choice” protection with 1115 demonstration waivers, including waivers that expand Medicaid coverage via limited insurance networks, to ensure enrollees have access to a choice of family planning providers. [3] Therefore, to ensure the Path to Transformation waiver complies with federal law and provides women timely access to trusted family planning providers, we strongly urge the Department to stipulate that all enrollees will maintain access to freedom of choice for family planning providers.

Planned Parenthood of Illinois looks forward to continuing to work with the State as it continues on its Path to Transformation. We hope that you can rely on PPIL as a resource and a partner when it comes to issues of women’s and reproductive health care. If you have any questions or need additional information, please contact: Brigid F. Leahy, Director of Government Relations, at 217-522-6776 ext. 6002 or [brigidl@ppil.org](mailto:brigidl@ppil.org).

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[1] Services not currently covered in the Illinois Family Planning Waiver that should be included: ultrasound for pregnancy confirmation, Hepatitis A and B vaccines, Hepatitis lab testing, testing for certain infections such as bacterial vaginosis, Bartholin’s Gland Abscess, Irrigation and Drainage, • TSH- Thyroid Stimulating Hormone test, and male services (STD testing/treatment and vasectomy). Current reproductive health coverage is limited to the context of a “family planning visit” and cannot be provided for reproductive health related services during a problem visit that is not in the context of “family planning”. Reproductive health care should be covered without this obstacle to ensure that individuals receive care in a timely fashion in order to avoid costly complications.

[2] CMS, State Medicaid Manual § 2088.5.

[3] CMS, *Special Terms and Conditions Iowa Marketplace Choice Plan* (2013) (“The state Medicaid program will ensure payment at state plan rates of family planning services that the QHP considers to be out-of-network, subject to all third party liability rules”); CMS, *Letter to Billy Millwee, Deputy Executive Commissioner of the Texas Health and Human Services Commission* (Dec. 12, 2011) (notifying the State of Texas that CMS will not renew the 1115 family planning demonstration waiver because Texas sought to waive freedom of choice of family planning providers); *see also* CMS, *Informational Bulletin* (Jun. 1, 2011) (reiterating the federal requirement that states must provide Medicaid enrollees freedom of choice of family planning providers); U.S. Statement of Interest at 4, 8-9, *Planned Parenthood of Indiana v. Comm’r of the Ind. State Dep’t of Health*, 699 F.3d 962 (7th Cir. 2012) (cert denied) (asserting that freedom of choice is a longstanding provision, and that a State may not exclude certain providers from the Medicaid program because of a provider’s scope of practice).